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Simeon I. 7 Elif A. Oral Abhimanyu ** CONTINUING This applic which clain ** FOREIGN APF	Faylor Ann Gar DAT ation ns be	g, Dallas, TX; A ************************************	* 9 10/22// 22/2001						
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after met Allowance Verified and Acknowledged Examiner's Signature Initials				STATE OR COUNTRY CA	DRA	SHEETS TO' RAWING CLA		MS CLAIMS	
ADDRESS Amylin Pharmace 9360 Towne Cen San Diego, CA92	eutica tre Di	ls, Inc.			-				
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit				